

PROFESSIONAL INFORMATION SHARING FORM

Fairfax County Community and Recreation Services, Therapeutic Recreation Services
12011 Government Center Parkway, Suite 1050, Fairfax, Virginia 22035-1115

ATTENTION PARENTS: Please complete the spaces in **box (A) only** and return this form with the completed registration packet to Therapeutic Recreation Services.

A. (Name of applicant): _____

The consumer listed above has enrolled in a Community & Recreation Services (CRS) or Park Authority (PA) program. CRS has received written/verbal consent from the parents/guardian to contact you for information that may assist us in providing services for the consumer. All information will be treated as confidential and used only in the administration of services.

School: _____ **Name of Professional** _____

Date _____ **Phone#** _____

For School Use Only

Dear Professional: Please check the statement(s) in section (B) that best describes characteristics of the above participant. Please attach additional information if you feel it would be helpful. Would you be available by phone if TRS needs assistance in the summer? ☐ Yes, ☐ No

B.

1. General Considerations

Are there personal space/boundary issues that staff should know about? ☐ Yes, ☐ No If yes, please explain... _____

What tone of voice works best in getting the individual to respond? _____

2. Participation Style: What type of participant is this person?

- | | |
|--|--|
| <input type="checkbox"/> Actively engages in activity/tasks | <input type="checkbox"/> Prefers to observe, stay on periphery |
| <input type="checkbox"/> Staff needs to model how to use/be involved in activity | <input type="checkbox"/> Refuses to participate |
| <input type="checkbox"/> Very hesitant when introduced to new activities/tasks | <input type="checkbox"/> Open to trying new activities |

Comments: _____

3. Information Processing

- ☐ Person does not respond to verbal questions
- ☐ Person needs time to respond to question/response (specify how long under "comments :)
- ☐ Person needs combined visual/auditory/tactile (talking, showing, doing) presentation
- ☐ Person responds appropriately to verbal questions
- ☐ Person needs picture cues to assist with response/choice

Comments: _____

4. Independence

- | | |
|---|---|
| <input type="checkbox"/> Unable to finish tasks, even with encouragement | <input type="checkbox"/> Needs some encouragement to finish tasks |
| <input type="checkbox"/> Is able to finish tasks with continual encouragement | <input type="checkbox"/> Persists on own until task is completed |
| <input type="checkbox"/> Needs one to one assistance to complete tasks | |

Comments: _____

5. Decision Making

- | | |
|--|---|
| <input type="checkbox"/> Avoids making decisions, relies on others | <input type="checkbox"/> Makes most decisions reasonably well |
| <input type="checkbox"/> Makes decision if given two/three specific options | <input type="checkbox"/> Makes decisions with ease |
| <input type="checkbox"/> Hesitant about own decisions-needs to check with others | <input type="checkbox"/> Makes poor decisions |

Comments: _____

6. Relationship to Authority

- ☐ Openly defiant of authority and/or direction
- ☐ Clings to authority figures, prefers staff to peers

- ☐ Accepts and works well with authority figure
- ☐ Occasionally questions authority

Comments: _____

7. Group Skills

- ☐ Needs prompting to cooperatively work with peers
- ☐ Does tasks while others are present; interaction with others is limited.

- ☐ Can work cooperatively with others
- ☐ Withdraws-isolates him/her self from others

Comments: _____

8. Group Ration (participation environment)

- ☐ Requires a one-to-one situation
- ☐ Anticipate difficulty in a one-to-four ratio

- ☐ Can manage in a one-to-four ration
- ☐ Works well in a large group

Comments: _____

9. Social Behaviors: Demonstrates: (check all that apply)

- ☐ Appropriate social interactions
- ☐ Ability to initiate interactions
- ☐ Appropriate in community setting (field trips)

- ☐ Ability to respond to interaction
- ☐ Appropriate communication skills
- ☐ Inappropriate social behaviors

Comments: _____

10. Ability to Follow Directions

- ☐ Needs constant redirection to complete activity
- ☐ Can follow simple verbal direction with no prompting
- ☐ Tasks must be presented in 1 to 2 steps at a time

- ☐ Can follow multiple verbal directions
- ☐ Can follow simple verbal directions with brief demonstrations

Comments: _____

11. Attention\Processing

- ☐ Duration of attention is less than 15 minutes
- ☐ Duration of attention is more than 15 minutes
- ☐ Has difficulty in large spaces (gym, outdoors)

- ☐ Has ability to focus attention on facilitator in classroom setting
- ☐ Has difficulty with external stimuli

Comments: _____

List what is reinforcing to this person in terms of shaping behavior: _____

What techniques/strategies work best to discourage inappropriate behavior (if you have a formal plan, please attach): _____

Please list favorite leisure/activity interest: _____

If you have additional information that would be helpful please call. Thank you for your assistance! TRS Specialist: _____ Phone: 703-324-5532 Fax: 703 222-9788